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COMMENTS:

Attached is an Amendment, Request for Continued Examination, and accompanying documents for Serial No. 10/092,008, filed March 6, 2002, entitled **CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE**.

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SaltLake-260772.1 0050588-00105

SEP 14 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Loc V. Guyen

Docket No.
50588/105Serial No.
10/092,008Filing Date
March 6, 2002Examiner
Steven B. TheriaultGroup Art Unit
2179

Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE

I hereby certify that this

Amendment Transmittal Letter; see below.*(Identify type of correspondence)*Is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571.273.8300)on September 14, 2005
*(Date)*Kory D. Christensen*(Typed or Printed Name of Person Signing Certificate)*


(Signature)

Note: Each paper must have its own certificate of mailing.

Transmittal: Amendment (27 pgs.)
Request for Continued Examination (1 pg.)
PTO-2038 Credit Card Payment Form in the
amount of \$790.00

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AMENDMENT TRANSMITTAL LETTER (Large Entity)		Docket No. 50588/105			
Applicant(s): Loc V. Nguyen					
Serial No. 10/092,008	Filing Date March 6, 2002	Examiner Stephen B. Theriault	Group Art Unit 2179		
<p>Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE</p> <p>RECEIVED TO THE ASSISTANT COMMISSIONER FOR PATENTS: CENTRAL FAX CENTER</p>					
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>		<p>SEP 14 2005</p>			
CLAIMS AS AMENDED					
TOTAL CLAIMS	43 -	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
INDEP. CLAIMS	5 -	5 =	0 x	\$18.00	\$0.00
<p>Multiple Dependent Claims (check if applicable) <input type="checkbox"/></p>				\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0.00	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502375</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 <i>Signature</i> <p>Dated: September 14, 2005</p>					
<p>Kory D. Christensen Reg. No. 43,548 STOEL RIVES LLP One Utah Center 201 South Main Street - Suite 1100 Salt Lake City, UT 84111 Telephone: 801.578.6993 Facsimile: 801.578.6999</p>					
<p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p>					
<p><i>Signature of Person Mailing Correspondence</i></p>					
<p><i>Typed or Printed Name of Person Mailing Correspondence</i></p>					
<p>cc: Client</p>					